U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 000 - 030	2. Fiscal Year Covered From:
1/861	7/7/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOHN P CONNOLLY	Name AFTRA
	AMERICAN FED. OF TV & RADIO ANTISKS Labor Organization File Number 000-030
P.O. Box, Bldg., Room No., if any AFTRA Suite 900	P.O. Box, Building and Room Number, if any
Street 5757 WILSHIRE Blvd.	Street 260 MADISON AVE
city LOS ANGELES	City NEW YORK
State CA ZIP Code + 4 90036	State N. 7. ZIP Code + 4 100/6
5. Position in labor organization. WATIONAL PR	PESIDENT
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N/A	NA
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
F.O. BOX, Didg., Notified, it diff	7.b. Amount.
Street	NA
City	
State ZIP Code + 4 ?	
Sig	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second contained in the second contained contained in the second contained in the second contained in the second contained contained in the second contained contained contained in the second contained con	of Perjury and other applicable penalties of the law, that all of the information onlying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Chrol	on 8/14/05 (323)634-8125
	Date Telephone Number

AFTRA

Name of Person Filing

JOHN P. CONNOTTY

File Number U- 000 - 030

B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name AFTRA HLAITH PRETINE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 26 MADISON AVE City NEW YORK State ZIP Code +4 10016	9. Business deals with: a. Labor Organization b. Trust c. Employer - Approximately 5,000 AFTRA SigNATORY EMPloyers WHO Contribute TO AFTRA HER PER CBAS.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name — SEE BELOW— Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 CONTACT AFTRA HAR FUNDS DIRECTOR AT ABOVE ADDRESS FOR FULLIST OF APPROX. 5,000 Contributing Employers	11.a. Nature of such dealing. Approximately \$100,000,000 Per YEAR IN EMPLOYER CONTRIBUTIONS TO TAFT-HANTLY PENSION AND HEALTH PLAN. 11.b. Approximate dollar value of such dealing. \$100,000,000 12.a. Nature of interest held or income received. Reimbursed and Directly PAID TRUSTEE EXPENSES: TRAVEL, LODGING, MEALS, AND TUSTION/FEES FOR TRUST MEETING AND TRUSTEE Education 12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	er parts A and B above)
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

AFTRA

Name of Person Filing

JOHN P. CONNOLLY

File Number U- 000 - 030

B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is activ. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LERACH, GoghLin, Storage Rubman, Robbins, LLP Trade Name, if any: Mr. ACMAYUNG FF P.O. Box, Bldg., Room No., if any Street 9601WISHIRE Blvd. City BEVERIY HILLS State CA ZIP Code +4 90210	14.a. Nature of payment. 7/27/04 DINNER \$200 8/30 RECEPTION 100 9/13 LUNCH 40 9/17 NECEPTION 50	* *+
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. #390	

Name	of Person	Filing
Name	A) C 3(1)	I IIII IQ

B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicated with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or ectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
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Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
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	11.a. Nature of such dealing.
ye	That return of stori dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	3/30/04: reception \$ 100 *
Name YUCAIPA	8/12/04: reception \$ 100 to
Trade Name, if any:	3/30/04: reception \$100 * 8/12/04: reception \$100 * 9/30/04: reception \$100 *
P.O. Box, Bldg., Room No., if any	•
Street 9/30 W. SUNSET Blvd.	
City L.A.	
State CA ZIP Code + 4 9006 9	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. # 300

Form LM-30 (2003) * INCluded my WIFE BRONNI STEIN Connolly

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Name of Person Filing	JOHN'	P. (ONNO	66	9

AFTRA
File Number U- 000 - 030

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer			
Street	C. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	### A Approximate della region of much dealing			
City	Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
	12.b. Anount.			
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any). Name AMALGAMATED BANK	3/8/04: dinner # 117			
Trade Name, if any: MS DEBRA GIARRAG	5/19/04: LUNCH A 50			
apper	12123/09: 9:1			
P.O. Box, Bldg., Room No., if any	2/18/04: breakfast # 15			
Street 15 UNION 194Art				
city New Yor K				
State N 7 ZIP Code + 4 / 000 3	Add A was a factor and a second secon			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

	AFTRA
Name of Person Filing JOHN P. CONNOL	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
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Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 3/23/04: Juner #150 **
Name BANK OF TRELAND ASSET MANAGE MENT Trade Name, if any, Mr. TREVERS I AVIN	3/23/04: dinner \$150 * -11/8/04: SEMINAR \$ 50
Trade Name, if any: Mr - TREVOR LAVIN	

14.b. Amount of payment. \$200 or Consultant ? 13.b. Is the Business an Employer

P.O. Box, Bldg., Room No., if any MGMP/

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* INcluding my WIFE BRONN' STEIN- CONNOTY Page 60F9

Name	of Persor	Filina
Name	UI PEISUI	

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File Number U-

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Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
	A PROPERTY OF THE PROPERTY OF			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any). Name FREEMAN ASSOCIATES	2/4/04 dinner: \$100 *			
Trade Name, if any: Mr. Row Aver	3/7/04 dinner: \$ 70			
P.O. Box, Bldg., Room No., if any POBOX 9210				
Street				
City RANCHO SANTA FE State CA ZIP Code + 4 92067				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. #170			

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AFTRA

Name of Person Filing

JOHN P. CONNOLLY

File Number U- (200 - 030

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
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Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
to, it s.p. of s.c. is directed give trust of employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
	Tab. Allouni.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 6/1/04: DINNER \$ 75			
Name ENDEA VOR: TALENT Agency	, 0///04. 0///// 4 /0			
Trade Name, if any: Mr. Art EMMANUEL	•			
P.O. Box, Bldg., Room No., if any				
Street 9601 WILSHIRE Blud				
City BEVERLY HICCS State VA ZIP Code + 4 90210				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing JOHN P. COUNOLLY

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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Street	11.b. Approximate dollar value of such dealing.
City	Approximate dollar value of such dealing. La. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Schiff RIN & BARROWAY	14.a. Nature of payment. 5/11/04: NECEPTION \$50*
Trade Name, if any: Mr. MARK WEINS TEIN	
P.O. Box, Bldg., Room No., if any	
Street 280 KING OF PRUSSIA Rd.	·
City RADNOR State PA ZIP Code + 4 19087	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Form LM-30 (2003) * Included my WIFE Bronni STEIN CONNOLLY